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EDITORIAL

At each of the World Congresses, three members of the Scientific Programme Committee are asked to review and summarize the meeting in the three major topic areas of pancreas, biliary and liver. At the Washington World Congress (May 2004), the honour for summarizing the pancreas and biliary presentations fell to Professor Roland Andersson of Lund, Sweden, and Dr Lilian Kow of Adelaide, Australia, who respectively reviewed the pancreas and biliary presentations.

As a prelude to this issue of HPB which highlights the pancreas and biliary scientific work presented at the Washington World Congress, their respective summaries are included below.

I thank Roland and Lilian for their superb contribution, as I thank all of those who submitted their work for publication in HPB – I present to you in this issue of HPB the best of the best in the pancreas and biliary programme of the Washington Congress.

Jim Toouli
Editor-in-Chief

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PANCREAS SUMMARY

The pancreas sessions during the 6th World Congress of the IHPBA in Washington were well attended and covered many of the questions and controversies that exist in pancreatology. Free papers and posters, symposia, updates, debates and keynote lectures covered acute and chronic pancreatitis as well as topics related to pancreatic tumours.

In the symposia the following topics were discussed.

Necrotizing pancreatitis. The ideal marker for severity assessment does not exist. However, scoring with APACHE II is probably the best overall and C-reactive protein (CRP) determination the best single marker. Computed tomography (CT) is a late denominator. The dynamics of multiple organ dysfunction are important. Enteral nutrition is feasible, probably of benefit and could potentially be administered nasogastrically. The value of various supplements is still to be proven. Surgery should be performed on proper indications and timing (late) and minimal invasive methods are under development.

Intraductal papillary mucinous tumours and mucinous cystic neoplasms of the pancreas are different entities and premalignant with potential progression to invasive cancer. Resection should be tailored according to pathology with an attempt to preserve function. First-line lymph nodes should be resected.

Pancreatic tumours were discussed and an algorithm for staging including CT, potentially endoscopic ultrasound and laparoscopy was presented. Vascular resection is feasible and could be justified in resection with radical attempt. Extended pancreaticoduodenectomy could not be indicated, while extended lymph node "sampling" could potentially be of value for tailoring future adjuvant chemotherapy.

Free papers and posters on acute pancreatitis highlighted the following.

Disturbances in microcirculation and concomitant ischaemia and reperfusion injury represent central mechanisms, where blocking of galanin, a vasoactive neuropeptide, as well as the use of hypertonic saline solution, was effective (1346, 1347, 1354). Gut barrier failure and translocation of bacteria decreased by the use of the tumour necrosis factor (TNF) inhibitor pentoxifylline (1352). Antibiotic penetration (piperacycline/tazobactam) was effective in the necrotic pancreas (O203). No increase over time was seen in the incidence of fungal colonization of necrotizing pancreatitis despite the use of antibiotic prophylaxis (1351).

APACHE II as evaluated after 48 h was better than Ranson in predicting severity in acute pancreatitis (209). Necrotizing acute pancreatitis is still associated with substantial mortality (210, 1353). Endoscopic sphincterotomy within 48–72 h and laparoscopic cholecystectomy within 8–10 days were recommended in acute biliary pancreatitis (1358). The overall trend is towards more conservative management (1353, 1355); complications following necrosectomy are still frequent and potentially life-threatening (1349). Future treatment may include immunomodulation and several experimental studies demonstrated the benefits of, for example, inhibition of NFκB (202), antioxidants (204), or EPA (omega-3 fatty acids), resulting in a down-regulation of the inflammatory response and a decrease in both pancreatic and pulmonary injury.

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